



Royse City Police Department

**POLICE APPLICANT
PERSONAL HISTORY STATEMENT**

ROYSE CITY POLICE DEPARTMENT

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Once completed by you, this Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. It is essential that all information be complete and accurate.
2. Do not remove pages from this Personal History Statement. This is an original document and shall remain intact.
3. Handprint all information in **black ink only**.
4. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
5. Avoid errors by reading the directions carefully before making any entries on the forms. Be sure your information is legible, correct and in proper sequence before you begin.
6. You are responsible for obtaining correct addresses and phone numbers (including zip and area codes). If you are unsure, check it by personal verification. Your local library and internet can be two resources available for verification.
7. If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.
8. An accurate and complete Personal History Statement will expedite your background investigation: deliberate omissions or falsifications will result in disqualification.
9. Your completed Personal History Statement is to be submitted the day of the written Police Test. You will not be allowed to take the test if you fail to submit the completed Personal History Statement.

Copies of the following documents will be required upon submission of this Personal History Statement

1. Birth Certificate
2. Social Security Card
3. Drivers License
4. Proof of Vehicle Insurance
5. High School transcript or copy of G.E.D.
6. College transcripts verifying that you have completed 30 hours of college from a State Accredited College or University, or proof of 3 years of full time Law Enforcement/Active Duty Military to have college requirement waived.
7. Military DD214, NGB 22, or DA 2-1, if applicable
8. Marriage License(s)
9. Divorce Decree(s)
10. Consumer Credit Report, complete report using www.experian.com

Only PHOTOCOPIES will be accepted. No Original Documents.
Original documents will be viewed and verified by your Background Investigator at a later date. Copies of all documents listed above must be present. Incomplete packets may disqualify you from the hiring process.

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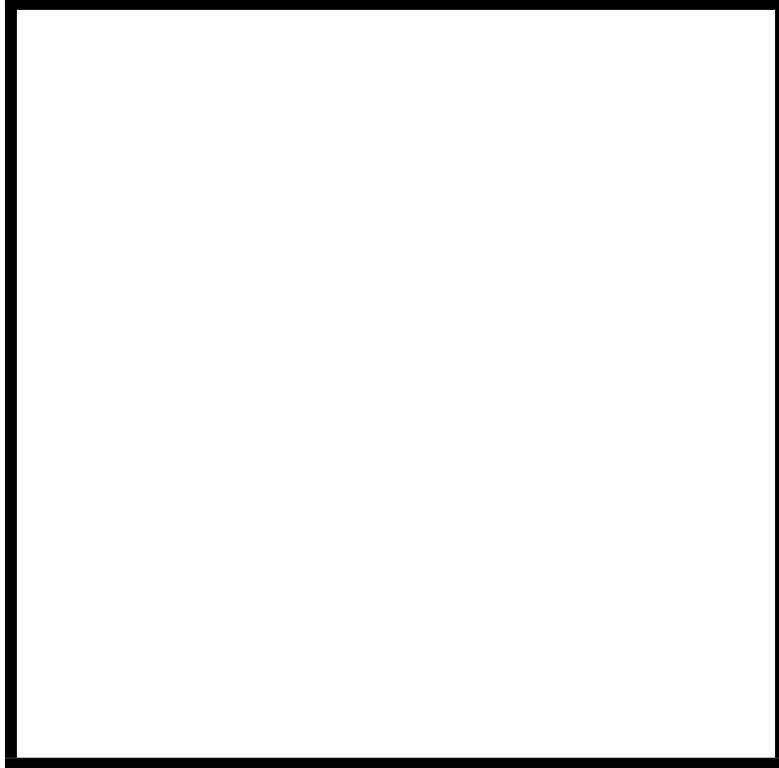
Applicant Document Check List
(Do not fill out: Background Investigator to complete)

Birth Certificate	Yes	No	
Social Security Card	Yes	No	
Driver License	Yes	No	
Marriage Certificate(s)	Yes	No	N/A
Divorce Decree(s)	Yes	No	N/A
High School Transcript or G.E.D.	Yes	No	
College Transcripts	Yes	No	N/A
30 Hours of College Credit Verified	Yes	No	N/A
DD-214 Military Separation document – (Member 4 copy)	Yes	No	N/A
Proof of 3 Years Active Duty Military or Law Enforcement	Yes	No	N/A
Certified Texas Peace Officer If Yes PID # _____	Yes	No	
Copy of T.C.O.L.E. Certification and Training Certificates	Yes	No	N/A
Certified Out of State Officer	Yes	No	N/A
Consumer Credit Notice Notarized	Yes	No	
Affirmation of Truthfulness Notarized	Yes	No	
Personal Inquiry Waiver Notarized	Yes	No	
Complete Consumer Credit Report	Yes	No	
Copy of Updated Proof of Vehicle Insurance	Yes	No	

*****NOTE***** Only PHOTOCOPIES will be accepted. No Original Documents. Original documents will be viewed and verified by your Background Investigator at a later date. Copies of all documents listed above must be present. Incomplete packets may disqualify you from the hiring process

Verified by: _____ **Badge #** _____
Royse City Police Department

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ATTACH A COLOR PHOTOGRAPH IN THIS SPACE
(photo should be less than a year old)

Name: _____

Last

First

Middle

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General Information

Applicants Name

Last First Middle

Maiden Name: _____ Nicknames or others used: _____

Drivers license #: _____ State: _____ Expiration: _____

Social Security #: _____ Date of Birth: ____/____/____

Home Address: _____

Home Phone: (____) ____-____ Office Phone:(____) ____-____

Cell Phone: (____) ____-____

Age: ____ Height: ____ Weight: ____ Hair Color: ____ Eye Color: ____

Do you have any tattoos or distinguishing scars or marks? Yes [] No []

Table with 3 columns: Description, Location, Age received. Rows a, b, c.

Are you T.C.O.L.E. certified as a police officer? Yes [] No []

If Yes PID # _____

Are you certified as an officer in another state? Yes [] No []

Are you currently enrolled in a Police Academy? Yes [] No []

If yes, expected date of graduation: _____

Electronic and Social Media Include All E-Mail Address(es)

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OBJECTIVES OF PERSONAL BACKGROUND INVESTIGATION

The objectives of a personal background investigation are to obtain information to enable the proper authority to reach a definite conclusion regarding an applicant's character and reputation, as well as to determine whether employment or appointment is clearly consistent with the best interest of the City of Royse City and the Royse City Police Department.

CHARACTER

Character is a trait, or sum of traits, which serves as an index to the essential or distinctive nature of an individual. It is the aggregate of distinctive mental and moral qualities that have been impressed by nature, education, and habit upon the individual.

REPUTATION

Reputation is the opinion or estimation in which one is generally held. Character is what a person is; reputation is what a person is reported to be.

SUITABILITY

Suitability refers to the character, reputation, and fitness of those under consideration for services in the Royse City Police Department.

EMPLOYMENT ASPECTS

Listed below are just a few examples of positive and negative employment aspects that the background investigator may summarize on any given applicant during the background phase. The summary of the report would then be forwarded to the background investigation board, comprised of a given number of other officers who conduct investigations, and a determination is made to recommend or not recommend continuance in the employment process.

EXAMPLES OF POSITIVE EMPLOYMENT ASPECTS

1. Applicant has an excellent academic record, as indicated by high school and college transcripts.
2. Applicant has an outstanding reputation in the community, as indicated by interviews of neighbors.
3. Applicant has an excellent work record, as indicated by the interviews with their present and previous employers.
4. Applicant has no criminal or motor vehicle record.
5. Applicant has a strong desire to serve in the public safety profession as expressed in the pre-interview.
6. Applicant's background indicates a mature and stable personality.
7. Applicant has an excellent credit rating.

EXAMPLES OF NEGATIVE EMPLOYMENT ASPECTS

1. Actual academic record is other than indicated by the applicant in their application.
2. Applicant's reputation, as reported by neighbors, would not be considered as desirable in a potential Royse City Police Officer.
3. Applicant does not have an excellent work record.
4. Applicant has a criminal or substantial motor vehicle record.
5. Applicant has a less than strong desire to serve in the public safety profession as expressed in his pre-interview.
6. Applicant's background indicates less than a mature and stable personality.
7. Applicant has a poor credit rating.

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IMMEDIATE EMPLOYMENT DISQUALIFIERS

At one point, a background investigator will be assigned to conduct a pre-background interview and the background investigation on you. Please allow 1-2 hours of your time when the pre-background interview has been set. After the pre-background interview, the investigator will then resume reviewing your background packet. The investigator will be looking into the statements provided by you and information discovered during the investigation to determine if any immediate employment disqualifiers exist. It is important to know that when completing this background packet, you should be completely truthful in all your statements as the most frequent disqualifiers reported are item numbers 12, 13, 14, 15 and 16.

- 1) Is younger than 21 and does not have high school diploma or GED and has not completed thirty (30) hours of college.
- 2) Drivers License not valid and/or clear.
- 3) Has any Felony conviction.
- 4) Have been convicted of a Misdemeanor crime, above a Class C, within last ten (10) years.
- 5) Has a Misdemeanor conviction for a crime involving moral turpitude within the last (10) years.
- 6) Is currently charged with or under investigation for any criminal offenses.
- 7) Is under court or community supervision for a misdemeanor offense.
- 8) No felony use of narcotics in the past 10 years.
- 9) Theft from employer(s) with cumulative total of \$50.00 or more within the past ten (10) years.
- 10) Intentional omission of information on application or Personal History Statement.
- 11) False statement of information on application or Personal History Statement.
- 12) Intentional misleading statement on application or Personal History Statement.
- 13) Falsification of job(s) related document(s).
- 14) Ten (10) minutes late for interview without notifying the Royse City Police Department of such tardiness. (exceptions may be made for certain emergencies)
- 15) Conviction of a DWI within the past ten (10) years. No more than (1) conviction total.
- 16) Interfering, obstructing or otherwise causing improper influence in the background process.

WITHDRAWAL OF APPLICATION BY APPLICANT

If you believe that, based upon the information supplied here, you may meet an immediate employment disqualification criterion, and wish to withdraw your application, it will be understandable. If wishing to withdraw during the background process, notify the background investigator via an email stating your intentions to withdraw from the process. In such an event, the Department would like to thank you for your interest and wish you well in your future endeavors.

Members of the Department are not permitted to discuss with the applicant their eligibility of employment based upon the information given by the applicant of their own perceived possible immediate employment disqualifiers. That decision rests with the Background Investigation Board, the Police Administration and Human Resources Department at the time of any completed presentation of a background packet by the applicant.

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MARITAL AND FAMILY HISTORY

Single Engaged Married Separated Divorced Widowed

Fiancé / boyfriend / girlfriend: (circle which applies)

Name of Fiancé/boyfriend/girlfriend: _____
Last (Maiden) First Middle

Date of Birth: _____ Age: _____

Home Residence: _____

Cell Phone: (_____) _____ Office Phone: (_____) _____

E-mail: _____

Employer: _____

If you are engaged: Planned Wedding Date: _____

If you are Married or Separated: (circle which applies)

Spouse Full Name: _____
Last (Maiden) First Middle

Date of Birth: _____ Age: _____

Date of Marriage: _____

Home Address: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

E-mail: _____

Employer: _____

Employer's Address: _____
City State Zip Code

Full Time Part Time Annual Salary _____

Have you ever been married to more than one person at one time? Yes No

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If you are Divorced:

Date of Marriage: _____ Date of Divorce: _____

Former Spouse's Name: _____

Date of Birth: _____

Home Address _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

E-mail: _____

Court and State where Divorce Decree was issued:

If you are Widowed:

Deceased Name: _____

Date of Birth: _____

Date of Marriage: _____ Date of Death: _____

Do you have any children? Yes No

List all children and dependents below:

Childs Full Name	Date of Birth	Relationship	Home Address (if different than your own)

ROYSE CITY POLICE DEPARTMENT

List anyone with whom you are currently sharing a residence with:

Full Name	Occupation and Phone Number	Relationship	Date of Birth

Father:

Full Name: _____
Last
First
Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Mother:

Full Name: _____
Last
(maiden)
First
Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

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Step-Father:

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Step-Mother:

Full Name: _____
Last (maiden) First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Brother: (biological/step) circle which applies

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

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Brother: (biological/step) circle which applies

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Sister: (biological or step) circle which applies

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Sister: (biological or step) circle which applies

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

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Father-In-Law:

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Mother-In-Law:

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

Brother-In-Law

Full Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-mail: _____

Employer: _____

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When completing the following information, you must give sufficient detailed information that can be verified. List information such as the name of the school and year involved in such activities.

School Activities: Clubs/Sports/Etc.

Positions of Leadership: (Indicate Position/Organization/Dates held)

Community Activities:

Awards/Commendations or Special Recognition:

List any special licenses you hold: (Pilot, Radio Operator, Scuba, License to Carry)

Type	From	To	License Number

Foreign Language

Language (exc/good/fair)	Reading (exc/good/fair)	Speaking (exc/good/fair)	Understanding (exc/good/fair)	Writing (exc/good/fair)

Military Service History

Have you registered with the Selective Service?

Yes No

When did you register? _____

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Have you ever been rejected by any branch of the US Armed Forces? Yes No

Have you ever been a member of any branch of the US Armed Forces? Yes No

If Yes, Branch of Service: _____ Highest Rank: _____

Date of Induction: _____ Discharge Date: _____

Type of Discharge: _____

Awards (Types and date awarded): _____

Special Schools/Training: _____

Last Duty Assignment Base Name: _____

Base Address: _____

City	State	Zip Code	Country
------	-------	----------	---------

Are you a current member of a US Reserve/National/State Guard? Yes No

Branch of Service: _____ Grade & Service #: _____

Current Status: Active Inactive Standby

Organization/Station/Unit and Location: _____

What is / has been your primary assignments and/or duties in the Military? _____

While in the military service were you ever arrested for an offense that resulted in a trial by deck court or by summary, special or general court-martial?

Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident:

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Charge: _____ Date: _____ Disposition: _____
Charge: _____ Date: _____ Disposition: _____

Have you ever been the subject of any military investigation? Yes No

While in service, were you ever AWOL or on unauthorized absence? Yes No

Were you ever confined to the brig or guardhouse? Yes No

Have you ever had a vehicle accident while in the military, whether reported or not? Yes No

Were you ever reduced in rank? Yes No

Did you ever sell anything on the black market? Yes No

Were you discharged prior to the end of your tour of duty? Yes No

Use space below for any explanations:

Employment History

Beginning with your current or most recent job, list **all** jobs that you have had, including all part-time, temporary, or seasonal positions. This employment history **shall** include every job that you have held **and any lapse of unemployment** since your sixteenth (16) birthday.

Include all instances of unemployment and indicate such time by circling "unemployed" on the appropriate line. In times of unemployment, use the "duties/responsibilities" line to briefly indicate

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reason for unemployment and identify your source of financial support during the unemployment period.

Please complete all blanks. Be advised that a resume is not a substitute for the information requested.

Please include additional sheets if necessary, at the back of this Personal History Statement.

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Job Status: Full Part Temporary Seasonal Unemployed

Employment Began On: ___/___/___ Ended On: ___/___/___ = Total Months _____

Employer: _____

Employer Address: _____

Phone Number: (____) _____ Job Title: _____

Salary/Hourly Rate: _____ How many hours per week did you work? _____

Duties/Responsibilities: _____

Name of Final Supervisor: _____ Email: _____

Supervisor Phone Number #: _____

Co Worker Name: _____ Co Worker Phone Number: _____

Co Worker Email: _____

Did You Receive Job Performance Evaluations? Yes No

Reason for Leaving: _____

How much notice was given prior to leaving? _____

Are you eligible for re-hire? Yes No

Were you fired, asked to resign or contract terminated by this Employer? Yes No

If yes, state the reason for having been fired or contract terminated: _____

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Job Status: Full Part Temporary Seasonal Unemployed

Employment Began On: ___/___/___ Ended On: ___/___/___ = Total Months _____

Employer: _____

Employer Address: _____

Phone Number: (____) _____ Job Title: _____

Salary/Hourly Rate: _____ How many hours per week did you work? _____

Duties/Responsibilities: _____

Name of Final Supervisor: _____ Email: _____

Supervisor Phone Number #: _____

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Phone Number: (____) _____ Job Title: _____

Salary/Hourly Rate: _____ How many hours per week did you work? _____

Duties/Responsibilities: _____

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Supervisor Phone Number #: _____

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Supervisor Phone Number #: _____

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Employer: _____

Employer Address: _____

Phone Number: (____) _____ Job Title: _____

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Supervisor Phone Number #: _____

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Co Worker Email: _____

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If yes, state the reason for having been fired or contract terminated: _____

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Have you ever resigned from a job to keep from being fired? Yes No

Have you ever been asked to resign from a job? Yes No

Have you ever claimed to be injured or disabled when you were not? Yes No

Have you ever borrowed any money from any business owner and failed to pay it back? Yes No

Have you ever called in sick when you were not ill? Yes No

How many times have you used sick leave when you were not actually sick? _____

What did you do on these days? _____

Have you ever failed to report to work without contacting your employer? Yes No

How many times have you failed to report without contacting your employer? _____

Explain: _____

Have you ever walked off a job because you were angry? Yes No

Have you ever walked off a job because of pressure? Yes No

Have you ever been reprimanded for reporting late to work? Yes No

How many times have you been reprimanded for this? _____

Have you ever been late to work? Yes No

If so, how many minutes, on average, are you late? _____

Explain: _____

Have you ever taken any money, merchandise, materials, uniforms or tools from where you work or have worked without direct permission? Yes No

Place(s): _____

Date(s): _____

Item(s): _____

Value: _____

Do you still have the items listed above? Yes No

Have you ever had knowledge of another employee stealing or being dishonest, but not act upon it? Yes No

Have you ever witnessed an employee steal, take or destroy anything from work? Yes No

Have you ever submitted a falsified expense report? Yes No

Have you ever charged any item or material to a business charge account which was not business related? Yes No

Have you ever submitted an untruthful statement in order to obtain unemployment benefits? Yes No

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Have you ever watched another security guard, jailer, prison guard, police officer or military police officer violate the civil rights of another person and not report it to the proper authorities? Yes No

Have you ever solicited or attempted to solicit money or material objects in return for not enforcing the law? Yes No

Have you ever accepted money or material objects in return for not enforcing the law? Yes No

Have you ever made a false statement in any type of report? Yes No

Have you ever been accused of hurting a person? Yes No

Have you ever been disciplined while an officer? Yes No

If yes, how many times? _____

Explain: _____

Have you ever made a false statement under oath? Yes No

Have you ever filed a resisting arrest charge? Yes No

If yes, how many times? _____

Have you ever been classified as ineligible for re-hire by a police department? Yes No

Have you ever had any type of unauthorized physical or sexual contact while on duty? Yes No

Have you ever presented a police badge to an individual while off duty or not in the official capacity as a police officer? Yes No

Investigator's Notes: _____

Internal Affairs

Complete this section **only if you have previous law enforcement experience**, either as a sworn law enforcement officer or civilian employee with a law enforcement agency. **If this section does not apply to you then mark this area as "N/A"**.

Does this section apply to you? _____

ROYSE CITY POLICE DEPARTMENT

Have you ever been detained, other than for a traffic citation, by the police? Yes No

Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency? **If yes, list below.** Yes No

List Arrest /Detained/Questioned Below:

Agency Location (City & State)	Charge	Date	Disposition

Have you ever been charged, convicted, placed on probation or given deferred adjudication for any arrest(s)? **If yes, list below.** Yes No

Agency / Location (City & State)	Charge	Date	Disposition

Have you ever been involved, in any way, in any of the following, WHETHER ARRESTED OR NOT?

- | | | | | | |
|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|-----------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Murder | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Kidnapping |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | False Imprisonment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fighting in public |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Injury to a child | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Injury to the elderly |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Terroristic Threat | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Robbery |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Violate protective order | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Criminal Mischief |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Criminal Non-support | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Theft |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unauthorized use of vehicle | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Forgery |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Theft of a motor vehicle | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Perjury |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Disorderly Conduct | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Riot |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Harassment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Burglary |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Violated person's civil rights | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Public Intoxication |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Abuse of a corpse | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cruelty to animals |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Organized Criminal Activity | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Theft of Utilities |

ROYSE CITY POLICE DEPARTMENT

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Keeping a gambling place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intoxicated Assault Credit Card Abuse
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unlawful Carry Weapon	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Use of glue or aerosol as an intoxicant			

Have you ever committed any of the following acts?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Indecent Exposure
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Public lewdness
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual Assault
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual contact with a child (person under the age of 17)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Solicitation of prostitution (sex for money or item of value)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prostitution
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Window peeping (disorderly conduct)

Have you ever run from or attempted to elude a police officer either on foot or in a vehicle? Yes No

Have you ever illegally entered onto or into the property, house, building or a vehicle of another when you did not have permission to do so? Yes No

Have you ever assaulted (struck, pushed or hit) anyone, including a family member, roommate or partner? Yes No

Have you ever requested, suggested or received money or anything of value from a person as a gift to thank you for your protection or for not harassing or hurting them? Yes No

Have you ever viewed, purchased, possessed, manufactured or distributed child pornography? Yes No

Have you ever owned, operated or participated in the operation of a web site that depicted child pornography, nudity, and/or sexual acts? Yes No

Have you ever purchased, sold or furnished any alcoholic beverage to a person you knew to be under 21 years of age? Yes No

Have you ever testified before a grand jury? Yes No

Have you ever illegally sold or attempted to sell government information or secrets? Yes No

Have you ever (no matter what your age) taken anything from a store without paying? Yes No

If yes, list items and values:

Have you ever changed or altered the price tags on any merchandise? Yes No

ROYSE CITY POLICE DEPARTMENT

Have you ever used a credit card without the owner's permission? Yes No

Have you ever converted government property to your own use or sold it? Yes No

If yes, list items and values:

Have you ever taken a "joy ride" in a stolen vehicle? Yes No

Have you ever entered a vehicle (not your own) and taken anything out of it? Yes No

Have you ever used a vehicle without the permission of the owner? Yes No

Have you ever been present when someone committed a crime? Yes No

Have you ever committed any criminal mischief offenses? Yes No

Have you ever entered a house/building with the intent of stealing anything? Yes No

Have you ever suggested to anyone that you might be able to protect them from harm if they paid you? Yes No

Have you ever received any money or item of value from a person as a gift to thank you for your protection? Yes No

Have you ever worked (free or compensated) as a bodyguard? Yes No

Have you ever entered a house or building with the intent of hurting someone or stealing any property? Yes No

If yes, explain: _____

Have you ever taken a polygraph exam for any reason? Yes No

If yes, explain: _____

Have you ever sold or pawned anything that you believed or suspected to be stolen? Yes No

If yes, explain: _____

Have you ever had sexual contact with a person 16 years of age or younger since your 19th birthday? Yes No

Have you ever exposed your genitals in a public place? Yes No

Have you ever had or attempted to have a criminal record expunged? Yes No

ROYSE CITY POLICE DEPARTMENT

If yes, explain: _____

Have you ever intentionally set property belonging to you on fire, other than trash, for either personal reasons or for profit? Yes No

Do you know any relatives, friends or personal contacts who are or have been involved in any type of criminal activity? Yes No

If yes, identify the person, the activity, and the type of relationship you have with them:

Have you ever had forced sexual contact with another person by word or action? Yes No

If yes, explain: _____

Are you aware of any problems that could prevent you from getting this job? Yes No

If yes, explain: _____

Have you ever been involved in any fights? Yes No

If yes, explain: _____

Have you ever caused an animal to attack another animal or person? Yes No

If yes, explain: _____

Investigator's Notes: _____

Litigations

Have you ever been involved in any type of lawsuit? (even as a witness) Yes No

Have you personally been sued? Yes No

Have you ever sued anyone or any business? Yes No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes No

Have you ever filed for bankruptcy? Yes No

If Yes, give following information:

Date: _____

Chapter Filed: _____

Court: _____

County/State: _____

ROYSE CITY POLICE DEPARTMENT

Have you ever been refused or denied credit by a bank or creditor? Yes No
If yes, give following information:
Number of Times: _____

Have you ever experienced a significant event that caused you a financial hardship and left you unable to pay your monthly bills? Yes No

Have you ever made an application for credit that contained false information? Yes No

Have you ever had any property repossessed, voluntarily or non-voluntarily? Yes No

Have you ever had a creditor turn your account over to a collection agency? Yes No

If yes, when: _____

Have you ever been evicted, threatened with eviction or told to move from any place you have ever lived because of your financial situation? Yes No

Have you ever moved and failed to give a creditor a new address to avoid receiving a bill? Yes No

Have you ever had an account balance you owe charged off because of your failure to pay the bill? Yes No

Have you ever written a check on another's account without their permission? Yes No
If yes, describe circumstances: _____

Have you ever altered any document so you could receive money that was not due to you? Yes No
If yes, explain: _____

Have you ever participated in an act of financial fraud? Yes No

Driving History

A moving violation is any violation which is not a non-mechanical infraction. It does not include such violations as expired inspection stickers, expired vehicle registrations, defective headlamps, etc.

How many moving citations have you received since you began driving? _____

How many moving citations have you received in the past three years? _____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid drivers' license for that vehicle? Yes No

Have you ever driven a motor vehicle, within the past 10 years, without the proper insurance and received a citation for it? Yes No

ROYSE CITY POLICE DEPARTMENT

Have you ever had your driver's license suspended? Yes No
 If yes, complete the following:

Date of Suspension	Type of Suspension	Date Lifted
Have you ever had your drivers' license placed on probation for receiving an excessive number of traffic violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had a hearing for probation/suspensions, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been placed as an assigned risk for vehicle insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had your insurance revoked due to the number of traffic citations or accidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever knowingly driven a motor vehicle after your drivers' license was suspended or after it had been revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been denied a driver license for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever struck an unattended vehicle and then left without leaving identification or complying with the duties upon striking an unattended motor vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been involved in an accident, as a driver, after you had been drinking alcoholic beverages?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever operated a motor vehicle/boat while impaired by alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever operated a motor vehicle/boat while under the influence of alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Citations

List, to the best of your memory, all driving citations you have received in the past (5) five years.

<i>Date Received</i>	<i>Type of Violation</i>	<i>Issuing Agency</i>	<i>Disposition</i>

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Accidents

List all accidents, in a lifetime, in which you have been involved as a driver:

<i>Date</i>	<i>Location (include city & state)</i>	<i>Brief Description</i>	<i>Contributor to Accident (other driver or You)</i>

Investigator's Notes: _____

Subversive Organizations and Actives

Are you now or have you ever been a member of a Fascist organization or street gang? Yes No

Are you now or have you ever been a member of a terrorist cell or organization? Yes No

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of the United States constitutional form of government, or which has adopted that policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

Are you now associating with, or have you associated with, any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations described above? Yes No

Have you ever engaged in any activities for an organization of the type described above, made contribution(s) to, attended, or participated in any social, or other activities of said organizations, or of any projects sponsored by them, including the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced or published, Yes No

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by them or any of their agents?

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| To your knowledge, has any member of your family (or your spouse's family) been a member of, or associated with any subversive or militant organization or group? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever associated with a person who advocated the overthrow of the government? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever wanted to overthrow this form of government by force or violence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever knowingly attended such group's meetings? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever attended a street gang activity or street gang gathering? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been a member of any other criminal organization? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever carried a weapon without the proper permit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever bought, sold, traded, or possessed erotic images of children? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever taken erotic pictures of children? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever viewed erotic images of children on the internet? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Without the permission of the owner, have you ever used the password of another person to gain access to a secure computer, web site or other electronic device? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever bought anything that you suspected was stolen? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you currently possess any property that you believe may have been stolen? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Narcotic Usage

Our society's opinion and beliefs on the use of narcotics is constantly changing and, in some instances, leaning to more liberal thoughts. It is important that the Department be aware of your past and current illegal drug usage, because, if you become a peace officer you may be called to testify as a witness for the State in criminal prosecutions of persons charged with illegal drug usage, and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

An illegal use is when it is otherwise not ingested as a prescribed narcotic by a licensed medical practitioner. It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time thus taking more than prescribed. Further, ingesting another patient's medication that is not prescribed to you becomes illegal. An example of this type of act is where you may have a headache and another person, who has a prescription of Tylenol 3- with Codeine, gives you one to ingest for your headache.

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Let's discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to, snort, sniff, inject (needle), smoke, puff, toke, oral (by pill tab, tasting, consume or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used that drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on a polygraph. Likewise, if you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times you could have used the drug.

Now please consider the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the absolute maximum number of times you used the drug, and how you used the drug. If you have never used a particular drug, then check the appropriate NEVER area. Please list only drugs not prescribed to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM # TIMES USED	HOW USED	NEVER
PCP					
ANGEL DUST					
THC/MARIJUANA					
LSD					
PEYOTE					
MESCALINE					
HEROIN					
COCAINE					
BATH SALTS					
SYNTHETIC CANNABIS (K-2, SPICE, Etc.)					
TRANQUILIZERS					

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AMPHETAMINE					
METHAMPHETAMINE					
SPEED					
CRANK					
CRACK					
BIPHETAMINE					
ECSTASY / XTC / ICE					
PRELUDIN					
DILAUDID					
TALWIN / PBZ					
MUSHROOMS (PSILOCYBIN) CHEESE					
METHADONE					
MORPHINE					
CODEINE					
OPIATES					
BARBITURATES					

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED	NEVER
INHALANTS-see below					
GLUE					
PAINT					
TOLUENE PRODUCTS					
FREON					
GASOLINE PRODUCTS					
DESIGNER DRUGS-see below					
ANABOLIC STEROIDS					
ROHYPNOL (DATE RAPE DRUG)					
ANY OTHER NOT LISTED					

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In reference to any type of the illegal drugs listed below, usage covers any of the terms you might use in referring to their use, example: experimentation, tried, taking a hit, etc.

_____ is the maximum number of times I have ever used Marijuana in any form. The last possible date that I used Marijuana is _____

_____ is the maximum number of times I have ever used Hashish in any form. The last possible date that I used Hashish is _____

Have you ever sold or provided any illicit drugs, controlled substance, dangerous drugs, or marijuana to anyone? Yes No

Have you ever possessed, transported, or purchased any precursor chemicals or any chemical laboratory glassware, or apparatus, used in the manufacturing of any controlled substance or dangerous drugs? Yes No

Have you ever grown marijuana? Yes No

Have you ever grown mushrooms? Yes No

Have you ever operated a vehicle after using any of the above illicit drugs, controlled substances, dangerous drugs, or marijuana? Yes No

Have you ever been involved, or assisted anyone, in the smuggling or transportation of any illegal contraband (drugs, chemicals for drug manufacturing, money, weapons), persons or property for any illegal purpose? Yes No

Alcoholic beverages, by definition, is a narcotic. Dependent upon the subject matter, it can be considered unlawful to possess, consume or sell.

_____ is the number of drinks, per day, that I consume alcoholic beverages. The last possible time that I consumed an alcoholic beverage is _____

_____ is the number of days, per week, that I consume alcoholic beverages.

_____ is the number of weeks, per month, that I consume alcoholic beverages.

_____ is the number of months, per year, that I consume alcoholic beverages.

Have you ever purchased alcoholic beverages using a fake identification card? Yes No

Have you ever had someone, other than your parents, purchase alcoholic beverages for you because you were too young to make the purchase? Yes No

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Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself? Yes No

Have you ever failed to declare your alcoholic beverages that you purchased, in a foreign country, to the U.S. Customs Inspectors? (regardless if you were later caught) Yes No

Have you ever transported alcoholic beverages across state lines? Yes No
If Yes, explain: _____

Have you ever been issued a citation for Minor in Possession of Alcoholic Beverages? Yes No
If Yes, give date and place: _____

Have you ever been late for, or missed, work because of alcohol use? Yes No
If Yes, explain: _____

Has alcohol ever affected your job performance? Yes No
If Yes, explain: _____

As an adult, have you ever been convicted of DWI? Yes No
If Yes, explain: _____

Have you ever been arrested or detained and released to a responsible party as a result of being determined too intoxicated by a law enforcement officer? Yes No

Financial Information

What is your present salary or wages? _____(yearly/gross)

List any income from any other source, other than your principal occupation (excluding your spouse's income).

SOURCE	AMOUNT	FREQUENCY

Do you own any real estate? Yes No
If yes, state value of real estate: _____
Real Estate Location: _____

Do you own any bonds, Government or other? Yes No
If yes, state value: _____

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Do you own any Corporate stock? Yes No
 If yes, state value: _____

Savings Account Current Balance \$ _____

Checking Account Current Balance \$ _____

Do you pay child support or alimony? Yes No

Are you delinquent in these payments? Yes No

Have you ever been delinquent on any child support payments? Yes No

Have you ever been ordered to court for non-payment of alimony or child support? Yes No

Are you current in filing your income tax for this year, and all years past? Yes No

Do you currently owe income tax from past years? Yes No

If yes, explain: _____

Are you currently making payments? Yes No

If yes, monthly amount paid: _____

Provide the names and addresses of the individuals, companies, or others to whom you owe or regularly pay money, and the amount of your debt or payment. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, utilities, cable television, insurance payments, IRS delinquent tax payments, and any other debts or payments for which you are responsible. Also include debts incurred by your spouse. Total your account balances and payments at the bottom for each column.

Name of Creditor/ Type (auto,home,education)	Acct #	Balance	Payments	Is It Past Due?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

ROYSE CITY POLICE DEPARTMENT

Official Name Of Organization	Type: Social, Fraternal, Professional, etc..	Office(s) Held	Date of Memberships	
			FROM	TO

Hobbies and Sports

Name of sport/hobby	Duration	Level of Proficiency

Do you have a relative, spouse, friend, acquaintance currently employed with the City of Royse City? Yes No

If yes, please give the following:

Name _____
 Relationship _____
 Department _____
 Contact number _____

Name _____
 Relationship _____
 Department _____
 Contact number _____

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your stability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

ROYSE CITY POLICE DEPARTMENT

3.

NAME: _____ Age: _____ OCCUPATION: _____

ADDRESS: _____ YEARS KNOWN: _____

HOME PHONE #: (_____) _____ WORK PHONE #: (_____) _____

E-MAIL: _____

YOUR RELATIONSHIP WITH THIS PERSON: _____

4.

NAME: _____ Age: _____ OCCUPATION: _____

ADDRESS: _____ YEARS KNOWN: _____

HOME PHONE #: (_____) _____ WORK PHONE #: (_____) _____

E-MAIL: _____

DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: _____

5.

NAME: _____ Age: _____ OCCUPATION: _____

ADDRESS: _____ YEARS KNOWN: _____

HOME PHONE #: (_____) _____ WORK PHONE #: (_____) _____

E-MAIL: _____

DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: _____

ROYSE CITY POLICE DEPARTMENT

CONSUMER CREDIT NOTICE AND AUTHORIZATION

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a consumer report may be obtained in connection with your application for employment. The term consumer report means any written, oral, or other communication of any information by a consumer reporting agency bearing on an applicant's credit worthiness, credit standing or credit capacity.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, the City of Royse City will notify you and provide you with the name, address, and telephone number of the consumer reporting agency who prepared the consumer report. You will also receive a copy of the consumer report and a statement of your consumer rights under the FCRA.

I have read the above notice and understood what it means. I hereby authorize the City of Royse City to investigate my credit worthiness, credit standing or credit capacity for employment purposes.

Applicant Name _____

Applicant Signature _____

Social Security Number _____

Date of Birth _____

Date: _____

Note: The City of Royse City will be unable to consider your application for employment if this Notice and Authorization form is not completed, signed and returned along with your Personal History Statement for background investigative purposes.



STATE OF TEXAS

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____
(day) (month) (year)

Notary Public

My Commission expires on _____

ROYSE CITY POLICE DEPARTMENT

ROYSE CITY POLICE DEPARTMENT

PERSONAL INQUIRY WAIVER FORM
AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a review, full disclosure and release of all records, including, but not limited to, photocopies of records concerning myself to any duly authorized agent of the City of Royse City and/or the Royse City Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the City of Royse City and/or the Royse City Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the City of Royse City from all liability for supplying any information concerning my employment to any potential employer. I authorize the City of Royse City and/or the Royse City Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative record they deem necessary through various third party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the City of Royse City and/or the Royse City Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the City of Royse City and/or the Royse City Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the City of Royse City and/or the Royse City Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver. A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

Applicant's Printed Name

Applicant's Signature

Date of Birth

Social Security Number

SWORN TO AND SUBSCRIBED BEFORE ME THIS ___ DAY OF ___, ___ (day) (month) (year)

Notary Signature (Stamp or seal)

My commission expires on: _____

Affirmation of Truthfulness

ROYSE CITY POLICE DEPARTMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this personal history statement. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate and permanent rejection of my application, or if currently employed with the Department, termination of said employment.

Printed name of Applicant

Date

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____
(day) (month) (year)

Notary Signature
(Stamp or seal)

My commission expires on: _____